

Annexure-1

TESS

TRAINING CENTRE REGISTRATION FORM

1	(a) Name of the Firm or Society (if registered).--- (Attach Proof) (if not available, left this column blank)	
	(b) Name of the Head of the Organisation (Attach adhar card, One photograph)	
	(d)Name of the centre for which registration is sought	
	(e)Contact detail & Address of the Centre (Attach Rend Deed or Ownership Proof, Electricity Bill Copy)	
2	Whether applying for the registration for the first time.	
3	Any existence proof of the centre from	
	(a) Rent Agreement	
	(b) Telephone Bill	
	(c) Electricity Bill	
	(d) Others	
4	Power Load	
5	Other facility available with the organisation	
6	(a) Detail of Sector/Courses for which registration of TRAINING CENTRE has been sought	

	Sr No	Sector Code	Name of Course	Workshop Area in feet (L x B)	If class room available, then its area in feet (LxB)	No of units sought for Registration (25 students in a unit)
7	(a) Status of Accommodation (workshop & classroom) available with organization for registration (Separate workshops)			Attach interior map of your building marking the workshops for trade unit sought. (You can utilize the same workshop for other trade, in separate point of time, (final decided by the inspection officer)		
8.	(b) Status of tool & Equipment available with organization for the courses being run by VTP .			Attach available tools list, you will be provided the standard tools list, that you have to complete before the inspection		

Coordinator Name: _____

Contact Number: _____

Email: _____

Signature

Stamp

Complete the performa, print it and after signing, mail it at email: tess.delhi@gmail.com. Also send the required self attested documents scan copy

Annexure-2

TESS

RECOMMENDATION FORM BY INSPECTING OFFICER

The undersign Inspected _____ the training centre on Date _____ for the above said courses, Information furnished in the report on the prescribed Performa have been checked and verified as per the prescribed norms and standards based on the TESS guidelines.

Sr No	Sector Code	Name of course	No of units sought (25 Students in a batch)	No of Batches recommended
1				
2				
3				
4				
5				

Detail of Inspecting Officers :

Signature of
Inspecting Officer

- 1. Name
- 2. Designation & Address
- 3. Mobile No:
- 5. Email id:
